

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90155 007 ***150.00

DOCUMENT # P01000003456

1. Entity Name
BARROS REALTY INVESTMENTS, INC.



Principal Place of Business
**10 FAIRWAY DR.
 DEERFIELD BEACH, FL 33441**

Mailing Address
**19722 BLACK OLIVE LANE
 BOCA RATON, FL 33498**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1025 NW 124th Ave
 Suite, Apt. #, etc.

City & State
Coral Springs, FL

Zip Country
33071 USA



04222005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**SUZAN, BARROS
 19722 BLACK OLIVE LANE
 BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent
 Name
Kenneth Scott Gruchoff
 Street Address (P.O. Box Number is Not Acceptable)
1025 NW 124th Ave
 City
Coral Springs FL Zip Code
33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kenneth Scott Gruchoff** *President* **04/22/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when registering. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARROS, SUZAN 19722 BLACK OLIVE LANE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, DANIEL 19722 BLACK OLIVE LANE BOCA RATON, FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth Scott Gruchoff 1025 NW 124th Ave Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth Scott Gruchoff** *President* **4/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #